The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XV SEPTEMBER, 1959 NO. 7

MRS. ARTHUR E. GRAMSE

President

THE WOMAN'S AUXILIARY TO THE

HAMPDEN DISTRICT MEDICAL SOCIETY

(See Page 20.)

MEMBER
MEDICAL SOCIETY
MAGAZINE GROUP

NEXT MEETING, SEPTEMBER 22. (See Page 4.)

FIRST ANNUAL ESSAY CONTEST (See Page 3.)

Hampden District Medical Society

Founded 1840

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Secretary . . . . . Harry N. Memery, M. D.
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Ralph T. Miller, M. D.	1962	George Corcoran, Jr., M. D.

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Legislative . . . . . Theodore R. Miner, M. D.
Woman's Auxiliary . . . . . Aldo Leani, M. D.
Public Health . . . . . Norman A. Pokorny, M. D.
Insurance, Labor Relations and Industrial Accidents
Warren D. Platt, M. D.
Malpractice and Medico-Legal Affairs . . . . Wayne C. Barnes, M. D.

Chairmen of Special Committees

Medical Advisory . . . . . Noah N. Feldman, M. D.
Blue Shield District Professional Service . . . . M. Gene Black, M. D.
Emergency Medical Service . . . . . Peter Zarecki, M. D.
Health and Accident Insurance . . . . . William J. Cosgriff, M. D.
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Representatives on Community Council
Alfonso A. Palermo, M. D. and Thomas F. Reilly, M. D.

The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Published monthly except July and August

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THE HAMPDEN HIPPOCRAT, SEPTEMBER, 1959

EDITORIALS

WANTED: LEGISLATIVE REFORMS

Elsewhere in this issue a very illuminating report from our Legislative Councilor appears. It depicts the highlights of a special meeting held by our State Legislative Committee on a warm July day in Boston. This meeting is but one example of the fine effort on the part of this excellent Committee to protect the interests of medicine and the health of the public.

As a district society we have always tried to lend our solid support to the Legislative Committee. However, lack of adequate information has often hampered our effort in this direction. It is embarrassing to confess that our Auxiliary seems better oriented in State legislative matters than we of its parent Society. Equally embarrassing is the fact that we receive far less legislative information from Boston than from Washington. While the JAMA reports regularly from our nation's capitol on all pending medical legislation, no similar service exists with reference to Beacon Hill. Our only contact is the Legislative Councilor, who, unfortunately often gets no opportunity to report to us until after the legislation had been enacted. A good example is the so-called Harmful Drug Act which never came to our attention until long after it was too late. The remedy that suggests itself is that the New England Journal of Medicine or the MMS Newsletter publish regularly a list of pending medical legislation, emphasizing how this or that bill may affect our pro-

fession. The groups who are backing or opposing the various bills should also be listed. Finally, it would seem helpful to include a list of the State Legislators and their stand on each bill as it is voted on. Such information would enable us to voice opinions more intelligently and to present more effectively medicine's point of view to the public and to the State Legislators with whom we so often come in contact.

In addition, why not employ an attorney we can call our own? The present counsel of the M.M.S. represents a number of other organizations, organizations whose interests often run contrary to our own. Thus during The Drug Act dispute "our" lawyer, and this will sound incredible, represented also the chief protagonists of this highly objectionable act, namely the druggists. An attorney of our own, or one who is free of all conflicting alliances, should prove of inestimable value to the M.M.S., and especially to our Legislative Committee.

Finally there is the question of why the M.M.S. only supports or opposes legislative bills but never sponsors any of its own. The polite, aloof or Ivory Tower attitude was perhaps good enough years ago but not today, when the practice of medicine is threatened from so many quarters. Must we always wait for others to make the first move? Must we always be on the defensive? The time has come for a much more positive and more aggressive approach to the many problems confronting us. We must never let the political and other encroaching groups mistake our politeness for weakness. Their own philosophy obviously is that of a former baseball manager who observed that "Nice guys don't win games".

M.M. & R.T.M.

ESSAY CONTEST

The Essay Contest offered on page 3 carries a twofold purpose. First, to stimulate interest in medical problems where it will do the most good, namely, in the younger element in our midst. Secondly, to familiarize the rest of us with the views, opinions and sentiments of this very important segment of our membership. The future of medicine not only belongs to the young but it also depends on them. It is sincerely hoped, therefore, that most, if not all, physicians in practice ten years or less will participate in this contest. The intent is to publish not only the two winning essays but as many others as prove acceptable. The items may deal with Medical Ethics, Blue Shield, Social Security, the Publicity Code, Socialized Medicine, the Drug Act, hospital relations, free choice of physician, indoctrination of new members, our relations with labor, insurance and compensation, the future of organized medicine, the philosophy of medicine—to mention but a few. While it is true that not all contestants can win, each ~~of the 100 plus eligibles~~ can contribute his share towards a better understanding of the many problems confronting medicine in general, and our own Society in particular.

M.

THE HAMPDEN HIPPOCRAT

takes pleasure in announcing

THE FIRST ANNUAL ESSAY CONTEST

for

PHYSICIANS OF THE DISTRICT

who have been in practice *for ten years or less*
on a subject pertaining to some aspect of

MEDICAL SOCIO-ECONOMICS

or

MEDICAL ETHICS

FIRST PRIZE: An all-expense paid week-end trip to New York City for the winner and spouse (including travel fare, hotel, meals, and theatre tickets).

SECOND PRIZE: An all-expense paid "Yankee Winter Week-End" (planned program of activities) for the winner and spouse at the Publick House, Sturbridge, Mass.

RULES OF CONTEST:

1. Essays are to be no less than one thousand (1,000) and no more than two thousand (2,000) words.
2. At least two typed copies, double spaced, are to be submitted.
3. All entries to be postmarked no later than *December* 1, 1959.
4. All entries shall become the property of the Hampden Hippocrat with full rights of publication.
5. Members of the Board of Editors of the HAMPDEN HIPPOCRAT and Officers of the HAMPDEN DISTRICT MEDICAL SOCIETY are not eligible.
6. The HAMPDEN HIPPOCRAT reserves the right to withhold awards.

MAIL ALL ENTRIES TO:

Max Millman, M. D.
Editor-in-Chief
111 Maple Street
Springfield, Mass.

NEXT MEETING

TIME: Tuesday, September 22, 6:30 P. M.

PLACE: Hartman's Restaurant
(Formerly Rovelli's), 1396 Boston Road, Springfield.

DINNER: At expense of Society.

AGENDA: Important organizational, socio-economic and other business matters.

Your presence is urgently requested.

Harry N. Memery,
Secretary

JUNE EXECUTIVE COMMITTEE MEETING

Below is a summary of the June 4th District Executive Committee meeting:

1. Discussed at length the need for increasing the scope of the Insurance, Labor Relations and Industrial Accidents Committee.
2. Appointed Drs. Thomas F. Reilly and Alfonso A. Palermo as representatives of the District to the Community Council.
3. Approved and elected the Board of Editors of The Hampden Hippocrat.
4. Elected Dr. H. Bernard Tillman to the position of Alternate Legislative Councilor for the term of one year.
5. Re-elected Dr. Oliver J. Menard to the position of Alternate Public Relations Councilor for the term of one year.
6. Voted to hold the next District meeting on September 22, 1959 at Hartman's Restaurant. All regular District meetings for the coming year will be business meetings only, with dinners provided at the expense of the Society.

Harry N. Memery, Sec.

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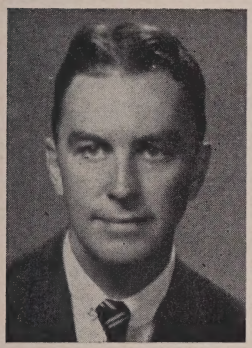
President's Page



It is the duty of the incoming President every year, to appoint the numerous members of the various Standing and Special committees of the District Society. It is an overworked, but valid observation that a committee is only as good as its members, and so it is our sincere hope that the fellows of the District who have been appointed to these committees will give generously of their time and efforts in support of our Society projects.

I have tried to ascertain as surely as possible that all of the members appointed are actively interested in the particular problems of their respective committees, since nothing is more demoralizing to a chairman than members' failure to attend meetings.

I have also attempted to add new faces to as many committees as possible, since a moderate turnover in personnel is always a good way of preventing stagnation. I might add that I feel that we are fortunate to have an excellent group of committee chairmen this year.

And so we begin our year, and I look forward to seeing all of the members at our September meeting.

John A. Burke, M. D.

(For new committees see next page.)

STANDING COMMITTEES
1959 - 1960

Public Relations Committee
Joseph M. Baker, Chairman
Oliver J. Menard, Alternate
Richard J. Maher, Holyoke
William J. Devlin
William P. Davis

Legislative Committee
Theodore R. Miner, Chairman
H. Bernard Tillman, Alternate
S. A. Mahoney, Holyoke
Walter E. Mozden, West Springfield
Herbert R. Tombs, Westfield

Women's Auxiliary Committee
Aldo Leani, Chairman
Edward J. Halton, Holyoke
William F. Donoghue

Public Health Committee
Norman A. Pokorny, Chairman
John C. Ayres
Louis A. Izenstein
James Visconti, West Springfield
Ellis Joffe, Holyoke

Insurance, Labor Relations and Industrial Accidents Committee
Warren D. Platt, Chairman
Eugene W. Beauchamp, Sr.
Robert D. O'Malley, Holyoke
Donald R. Hayes
Omar T. Pace
Samuel Klibanoff

Malpractice and Medico-Legal Affairs Committee
Wayne C. Barnes, Chairman
John W. Turner
John J. Bandeian, Holyoke
Robert E. La Marche

SPECIAL COMMITTEES
1959 - 1960

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Noach N. Feldman, Chairman, Holyoke
Leroy J. Kendrew
Bronislaus A. Galuszka, Chicopee

Blue Shield District Professional Service Committee
M. Gene Black, Chairman, Holyoke
William F. Donoghue
Samuel R. Feldman
Samuel F. Potsubay, Holyoke
Hyman H. Shuman
Donald R. Hayes

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Frank J. Jordan
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Jerome A. Whitney

Representatives on Community Council
Thomas F. Reilly
Alfonso A. Palermo

Genuine or counterfeit

Pseudorheumatism

As early as 1952, investigators commented on a syndrome manifested by patients on long-term corticosteroid therapy for rheumatoid arthritis. This syndrome mimics the disease and is often diagnosed as increased rheumatic activity.

Pseudorheumatism is now recognized as caused by continued dosage of corticosteroids. Recommended management is gradual withdrawal of corticosteroids, while sustaining the patient on increasing doses of salicylates.*

Panac, an enteric-coated tablet containing aspirin, is especially suitable for this. The enteric coating avoids gastric irritation, yet provides efficient absorption of aspirin. Panac also contains Vitamins C and calcium pantothenate. Both of these are necessary adjuvants in the functioning of the suprarenal glands.

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Ascorbic acid	15 mg.
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*Arch. Int. Med. *99*:545-555, 1957

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REPORT OF LEGISLATIVE COUNCILOR

The Committee on State Legislation met in Boston in special meeting on July 8, 1959. Of interest to members of Hampden District was the discussion on our District's resolution of Feb. 3, 1959, regarding repeal of the so-called "Harmful Drug Act".

The chairman of the Committee on Pharmaceutical Problems, Dr. Frank N. Allan, was present at the meeting along with the President, President elect, Secretary and the Director of Public Relations and Administration of the Mass. Medical Society. Your legislative councilor requested Dr. Dame, President of the Mass. Medical Society to present the backgorund of this bill so that the councilors present would be versed in this portion of the discussion. Following this your councilor presented the facts which led up to the passing of the resolution at our Februray meeting. The reasoning and feeling of the membership was strongly presented. A lengthy discussion followed. There is no question in your councilor's mind that the Committee, with one exception, was strongly opposed to the tone of the bill, and to the specific wording of certain sections of the bill imposing limitations on this phase of medical practice.

Because many felt that some sections of the bill were only "window dressing", and did not apply directly to our cause, it was the opinion that more could be accomplished by working toward the alteration of the disputed sections rather than to attempt to get repeal of the entire bill. Knowing the background of the entire discussion prior to the bill's passage made your councilor tend to concur in this opinion. The Committee therefore disapproved of the resolution of the Hampden District, but unanimously approved a substitute resolution, and recommended its adoption by the Council as follows: Resolved that the Mass. Medical Society go on record as opposing certain sections, (Section 3, paragraphs 2,6,9) of the so-called "Harmful Drug Act", chapter 577 of the acts of 1954 as amended by chapter 299 of the acts of 1956, and that a subcommittee of the Committee on State Legislation meet with a similar committee of the Committee on Pharmaceutical Problems to study and recommend changes in the act now in force.

The sections noted in this resolution are those which our Society specifically feels are undesirable.

It is your councilor's opinion that much was accomplished, and that with perseverance real progress can be made.

I believe our Society is to be commended for its forthright stand on this abusive act.

Theodore R. Miner, M.D.,
Legislative Councilor

(Editor's Note: Dr. Miner has agreed to serve on the sub-committee referred to above.)

"By the time human life expectancy hits 100 years, there will be five women for every two men."

Drs. Edward L. and Walter M. Bortz

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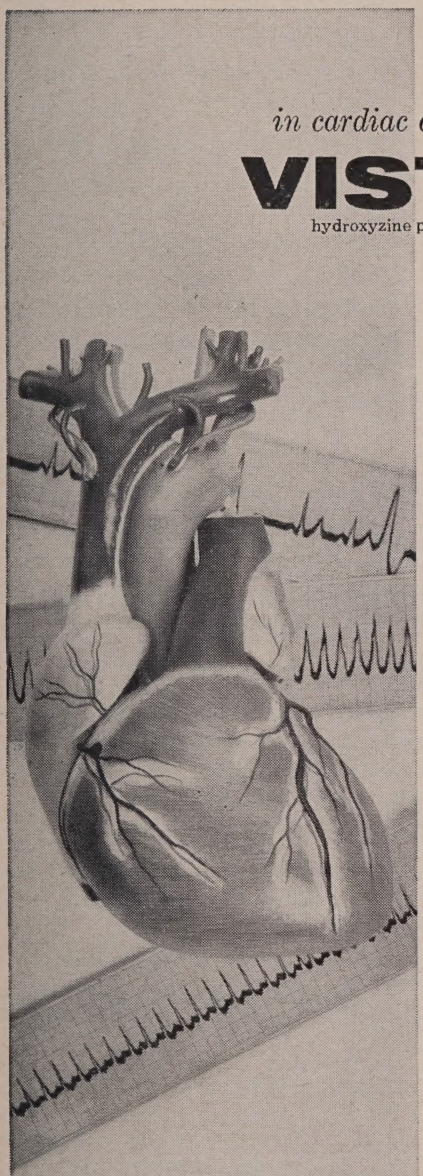

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Vistaril provides calming and tranquilizing properties valuable in cardiac patients.

The following dosage regimen is recommended

(Individualized by the physician for maximum effectiveness):

Oral dosage: Initially, 100 mg. daily in divided doses until arrhythmia disappears. For maintenance or prophylaxis, 50-75 mg. daily in divided doses.

Parenteral dosage: 50-100 mg. (2-4 cc.) I.M. stat., and q. 4-6 h., p.r.n.; maintain with 25 mg. b.i.d. or t.i.d. In acute emergency, 50-75 mg. (2-3 cc.) I.V. stat.; maintain with 25-50 mg. (1-2 cc.) I.V. q. 4-6 h.

Supply: Vistaril Capsules, 25 mg., 50 mg. and 100 mg. Vistaril Parenteral Solution, 10 cc. vials and 2 cc. Steraject® cartridges. Each cc. contains 25 mg. hydroxyzine (as the hydrochloride).

References: 1. Burrell, Z. L., et al.: Am. J. Cardiol. *1*:624 (May) 1958. 2. Hutcheon, D. E., et al.: J. Pharmacol. & Exper. Therap. *118*-451 (Dec.) 1956.

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INDOCTRINATION DINNER-MEETING

Under the auspices of the Public Relations Committee the third annual indoctrination and orientation dinner-meeting was held at the Oaks Inn on Monday, June 8, 1959. Twelve newly-elected fellows were welcomed. The speakers were: Dr. Allen S. Johnson, Executive Councilor who spoke on the structure and function of the Council and of the District Society. Dr. Max Millman, Editor-in-Chief of the Hippocrat, who spoke on the history, function and purposes of the Hampden Hippocrat; Dr. Wayne C. Barnes, who described the objectives of the Committee on Malpractice and Medico-Legal Affairs, of which he is chairman; and Dr. Theodore R. Miner, Legislative Councilor and chairman of Legislative Committee, who described the purpose and problems of his committee.

The meeting was presided over by Dr. Joseph M. Baker, Public Relations Councilor and chairman of the Public Relations Committee. Others in attendance were Dr. O. J. Menard, Alternate to The Public Relations Councilor, and Secretary Dr. Harry N. Memery.

Joseph M. Baker, M.D., Chairman
Public Relations Committee

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FOURTH SALK INOCULATION RECOMMENDED BY PHS

An advisory committee of the U. S. Public Health Service recommended a fourth inoculation of Salk polio vaccine as a routine for infants and adults under 40.

PHS previously had not taken an official stand on the fourth (or booster injection of Salk vaccine, largely on grounds that the chief task was to inoculate the population with the required three doses.

The panel, composed of representatives of the American Medical Association, the Defense Department, PHS officials, and other experts, including Dr. Jonas Salk, proposed a basic schedule of four injections for infants less than six months old.

Booster Advocated: A booster dose was advocated for persons under 40 who have completed the basic, three-dose schedule at least one year before, "and especially if several years have elapsed since completion of the basic series . . . . "

Others who should receive the fourth injection are those travelling to areas where incidence of the disease is high, living in areas where local epidemics are starting, with children about to enter school, living in places where sanitation is poor. Pregnant women prior to the polio season should take the fourth dose, "for the vaccine not only provides added protection against polio for the mother but also provides a passive immunity to the unborn baby."

The report said vaccination of persons over 40 can be beneficial, but is less urgent.

The AMA News
July 13, 1959

If it is newsworthy and medical, the Hippocrat would like to hear about it.

when other therapy fails

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NIAMID*

the mood brightener

Lifts the burden of depression... opens the way for a sunnier outlook

New areas of therapy

NIAMID is clinically effective in such depressive states as involutional melancholia, senile depression, postpartum depression, reactive depression, the depressive stage of manic-depressive disease, and schizophrenic depressive reaction.

Depression associated with the menopause and postoperative states, and depression accompanying chronic or incurable diseases such as gastrointestinal and cardiovascular disorders, arthritis, and inoperable cancer, can now be treated successfully with NIAMID.

NIAMID is also strikingly effective for many complaints, when due to masked depression rather than to organic disease. Masked depression may take the form of guilt feelings, crying spells or sadness, difficulty in concentration, loss of energy or drive, insomnia, emotional fatigue, feelings of hopelessness or helplessness, loss of interest in normal activity, listlessness, apprehension or agitation, and loss of appetite and weight.

While tranquilizers have had some measure of effectiveness in many of these areas, NIAMID now gives the practicing physician a new, safe drug for the specific treatment of depression.

New safety

The hepatotoxic reactions observed in earlier monoamine oxidase inhibitors have not been seen with NIAMID.

Acute and chronic toxicity studies show this distinctive freedom from toxicity. Moreover, during extensive clinical trials of NIAMID by a large number of investigators no liver damage has been reported, and in only a very few isolated instances have hypotensive effects been seen.

The unique structure of the NIAMID molecule may explain why NIAMID is excreted for the most part unchanged in the urine with only insignificant quantities of potentially "free" hydrazine being formed. It appears that substantial quantities of free hydrazine were formed in the body when hepatic toxicity was observed with previous inhibitors.

Background of NIAMID

A major advance in the treatment of mental depression came with a newer understanding of the influence of brain serotonin and norepinephrine on the mood. Levels of both these neurohormones are decreased in animals under experimental conditions analogous to depression; relief of these model depressions is seen with a rise in the levels of both serotonin and norepinephrine.

A second advance came with the development of monoamine oxidase inhibitors, substances which raise the cerebral level of both serotonin and norepinephrine. Previous inhibitors raised

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the cerebral level of serotonin, but did not appear to raise that of norepinephrine levels proportionately.

Pfizer's new drug overcomes this disadvantage. NIAMID significantly raises the cerebral level of *both* serotonin and norepinephrine under experimental conditions.

The dramatic discovery of NIAMID now makes available an extremely effective, safe antidepressant for the successful treatment of a full range of depressive states.

Precautions

Side effects are most often minor and mild manifestations of central nervous system stimulation, modifiable by reduction in dosage; these may take the form of restlessness, insomnia, headache, weakness, vertigo, dry mouth, and perspiration. Care should be taken when NIAMID is used with chlorothiazide compounds, since hypotensive effects have been noted in some patients receiving combined therapy—even though hypotension has rarely been noted with NIAMID alone. There has been no evidence of liver damage in patients on NIAMID; however, in patients who have any history of liver disease, the possibility of hepatic reactions should be kept in mind.

Dosage and Administration

Start with 75 mg. daily in single or divided doses. After a week or more, revise the daily dosage upward or downward, depending upon the response and tolerance in steps of one or one-half 25 mg. tablet. Once satisfactory response has been attained, the dosage of NIAMID may be reduced gradually to the maintenance level.

The therapeutic action of NIAMID is gradual, not immediate. Many patients respond within a few days, others satisfactorily in 7 to 14 days. Some patients, particularly chronically depressed or regressed psychotics, may need substantially higher dosages (as much as 200 mg. daily has been used) and prolonged administration before responses are achieved.

Supply

NIAMID is available in: 25 mg., pink, scored tablets in bottles of 100; and 100 mg., orange, scored tablets in bottles of 100.

References

Complete bibliography and Professional Information Booklet are available on request.

NIAMID*

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Quote of the Month

"The fundamental rule for survival in time of fall-out or suspected fall-out is below-ground shelter."

Dr. Ralph Lapp (atomic expert)

Attend the District meeting Tuesday, September 22. (Se page 4).

PATRONIZE OUR ADVERTISERS

IN MEMORIAM

MAURICE L. SLUTSKIN, M. D.

Doctor Maurice L. Slutskin of Springfield died at the Deaconess Hospital, Boston, on June 18, 1959.

Doctor Slutskin was born in Russia on December 29, 1878, and came to this country in 1890. He studied medicine at the University of Baltimore and graduated therefrom in 1902. Thereupon, in 1906, he came to Springfield and had been in practice in this City ever since. In 1955, he was awarded a fifty-year membership award by the Massachusetts Medical Society.

Doctor Slutskin was a member of the Hampden District Medical Society, the Massachusetts Medical Society, and the American Medical Association. He also displayed considerable skill as a playwright having written several plays successfully produced on the Yiddish stage both in this country and abroad.

Deepest sympathy is extended to the surviving members of his family.

* * * * *

WILLIAM BRADFORD ADAMS

Doctor William B. Adams, formerly of Longmeadow and most recently of Owl's Head, Maine, died August 16, 1959.

Doctor Adams was born in Springfield on July 31, 1890. He attended Springfield public schools and graduated from Harvard University in 1909 and Harvard Medical School in 1917. Doctor Adams interned at the Massachusetts General Hospital and the Children's Hospital in New York City, New York. Doctor Adams entered the Army Medical Corps in 1918 and served until 1920 during World War I.

Doctor Adams came to Springfield in 1921 to practice pediatrics. He served as a pediatrician on the staffs of the Springfield, Wesson Memorial, Wesson Maternity, and Springfield Health Department Hospitals. He was also a consultant in pediatrics at the Noble Hospital, Westfield, and the Shriners' Hospital for Crippled Children, Springfield. He was a member of the American Academy of Pediatrics and a diplomate of the American Board of Pediatrics. He belonged to the American Medical Association, the Massachusetts Medical Society, the Hampden District Medical Society, and the Springfield Academy of Medicine. Doctor Adams retired from practice in 1950 and moved permanently to Owl's Head, Maine.

Deepest sympathy is extended to the surviving members of his family and to his many friends and associates.

N. E. POSTGRADUATE ASSEMBLY

The 17th Annual New England Postgraduate Assembly, a three-day program of postgraduate medical courses for practicing physicians, will be held at the Statler Hilton in Boston, Mass., November 3, 4 and 5, under the auspices of the six New England state medical societies and chapters of the American Academy of General Practice.

Dr. Joseph R. Frothingham, of New Bedford, representing the Massachusetts Medical Society is chairman.

In addition to morning clinics at Boston hospitals, the program will include lectures, panel discussions, clinicopathological conferences, luncheon symposia, medical films and scientific and technical exhibits.

A special program for wives of attending physicians has been arranged.

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TRILAFON TABLETS

2 mg. and 4 mg.

(1) Ernst, E. M., and Snyder, A. M.: Pennsylvania M. J. *61*:355, 1958.
(2) Preisig, R., and Landman, M. E.: Am. Pract. & Digest Treat. *9*:740, 1958.

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THE AUXILIARY LOOKS AHEAD

by
Mrs. Arthur E. Gramse, President
The Woman's Auxiliary to the
Hampden District Medical Society

Now we are ten. The commemoration of our decennial anniversary requires that we look back "to point with pride", and ahead to a future as promising as we know we can make it. Thirty more members joined our growing formidable numbers this past year. And Hampden nosed out Worcester to become the largest medical auxiliary in the Commonwealth of Massachusetts. Last year's triumphs, achieved under the inspiring and inspired leadership of President Elizabeth Franseen, are commensurate with our size, and reflect the magnitude of our responsibilities.

The Legislation Committee's "What's In The River?" project was nationally recognized in the Bulletin of the Woman's Auxiliary to the AMA of March, 1959. Hampden's two fact-finding trips and consequent open meeting were cited by the MMS President as "the best kind of public relations".

The White Cap project was a tremendous success, thanks to the doctors' support (and didn't our distinguished husbands look handsome all dressed-up for The Ball?) The result: fourteen Health Career Scholarships were awarded this June, bringing the total amount of money raised for scholarships over the past ten years close to $8,000.00 - the amount awarded to sixty-nine recipients. In other words we have helped sixty-nine students to further their careers. What a pleasure it is to share with you this golden glow of giving! We look forward to seeing you all at our White Cap Ball, November 7, 1959, in the Sheraton-Kimball Ballroom, for here we go again!

Our promotion of Today's Health reached its culmination in May, Hampden again received honorable mention in the subscription contest. The announcement, at the June's National Auxiliary Convention in Atlantic City that the A. M. A. will take back its magazine (turned over to the Auxiliaries in 1931) came as a shock. It's like a foster child we've nurtured, watched grow, and felt responsible for, suddenly claimed by its natural parent. We had forgotten it wasn't our own. We'll miss those half-price rates.

About this time a year ago, we were writing Senators Kennedy and Saltonstall, urging their support of the Keogh-Simpson Bill. One delightful Auxiliary member, a district legislation chairman, whose husband held a corresponding position in his district medical society (a sort of "his" and "hers" arrangement) was quite overcome when she discovered that her husband had never heard of the Bill. She had already written several forceful letters urging its passage. Her question: "Is it quite nice for the doctor's wives to be ahead of the doctors?" The answer is that, with so many activities and movements in process, it is most difficult for anyone, particularly a practicing physician, to keep abreast of them. This, then, is our responsibility - one of the ways

we can really help.

Now, another alarm has been sounded, this time by Hampden's own, Mrs. George Ross, State President, to contact our congressmen, soliciting their support in opposition to the Forand Bill, which would extend Social Security to cover hospital, nursing home, and surgical payments. We wrote letters once again, in defense of individualism, freedom, and the right of each doctor to answer to God, and not to the state. The morning paper of July 25, 1959 stated that the Bill, the "center of a storm of clashing protest", has been shelved. But Representative Aime J. Forand, chief sponsor of Social Security health legislation, is hopeful of action early next year. We cannot relax. This "nose of the head of the camel" of socialized medicine, as Dr. Ralph Miller aptly described it, is certain to rise, with renewed vigor, next year both because of the social pressures it has generated and because of political pressures in a presidential election year. In the interim, we will educate ourselves, our friends, our acquaintances, concerning the problems involved. Only the power of truth can block politicians and their legislative panaceas.

Looking to the future, we may make the most constructive contributions through the things we favor and promote rather than those we merely oppose. The "What's In The River" project was a trail blazer, an admirable example of doctor's wives working together to improve local conditions. This river pollution abatement is not solved. At the opportune time, we shall pursue it further.

Our cooperation in community services must expand. Within the past month two local groups, the Western Massachusetts League for Nursing and the planning committee of the Massachusetts Association for Mental Health, Inc. have solicited our support in their worthy programs. Scholarships must continue to increase in number and amount. Our hope is that all deserving qualified students may be given the necessary financial help required to further their careers in the field of health.

On the national scene, we have an opportunity to lend our support to a bold, new, imaginative project that promises medical help around the world, A Great White Fleet of American ships, loaded with goodwill, that would carry mercy missions everywhere. Only the United States, leading the world in the field of medicine, could execute such a project. Stacks of applications have already been received from volunteer doctors and nurses. Let us support the White Fleet. Write to those men of vision who can make it a reality. They are listed in Life Magazine, July 27, 1959.

Our membership will continue to increase and to bring to us new ideas for promoting our service to the community. The organization itself provides the means for making new friends, for friendliness is the only means to our goal: that there shall be harmony within our medical world.

Surely, whatever our goals, we will attain them. We are industrious, inventive, ingenuous, and inspired. We have had to be, to survive, because we are all in that most terrible and most wonderful role - the doctor's wife.

TO DINE OR NOT TO DINE?

That, as a matter of record, too frequently is the question when the time approaches for the annual dinner of the MMS. Many of the fellows appear to appreciate the intellectual fare provided by the hard-working Committees on arrangements, but elect to pass up the Lucullan preparations of the Statler chefs who have exhibited no lessening of the magic touch under the direction of Conrad Hilton.

The picture of a tablefull of participants at the most recent annual banquet is presented herewith in the hope of focusing attention on one of the pleasanter yearly functions our members are privileged to attend, they and the little women who richly deserve a night off and a good meal once in a twelvemonth! Almost always the speaking is of high quality, and the rapport of the officers, old and new, with the membership in general is on an extra friendly level. Undeniably a good time was thus enjoyed in 1920.

On that historic occasion, a precedent was established by inviting for the first time in history a woman to address the assemblage, Prof. Mary Ellen Chase of the English department of Smith College. The ladies flocked to the dinner in record-breaking numbers since many of them had been her pupils. The graphic account of the speaker's bringing up on the Maine coast, with particular regard to the medicine that was practiced then fell on very receptive ears, both male and female. Such fellows as elected on that evening *no tengo dinero* missed a rare treat.

At that same meeting, the newly chosen editor of the New England Journal of Medicine, Joseph Garland, was crowned by the new Secretary of the Society, Quimby Gallupe, with what passed for a laurel wreath that was woven by a hotel florist who was singularly lacking in imagination and ignorant of the traditions of Mount Parnassus.

A second reason for publishing the photograph was to confirm a long-held belief that doctors collectively are a heterogenous conglomeration whose wide diversity in personalities defies classification. Take a good look at our exhibits and then, omitting hearsay evidence, try to delineate characters as you may judge them from pose, camouflage, hirsute or sartorial, physical condition etc. Jot down your impressions. If significant, they may appear anon in print. If not, attend the next dinner, take your wives, and see for yourselves.

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Clockwise from front center:
Dr. and Mrs. Dwight O'Hara, Dr. and Mrs. Edward P. Bagg, Dr. and Mrs. Thomas Lanman and Dr. and Mrs. Richard Ohler.
Dr. Roger I. Lee's back visible at table on right.
6th from left at head table, Pres.-Elect Dr. Carl Bearse of Boston; on his left, Mrs. George and presiding officer is standing behind the lectern.
(Betty) Ross of Holyoke, President of Woman's Auxiliary; 2nd on her left, General Albert Gruenther, President of Am. Red Cross, speaker of the evening. Dr. Charles Lund, President and presiding officer is standing behind the lectern.

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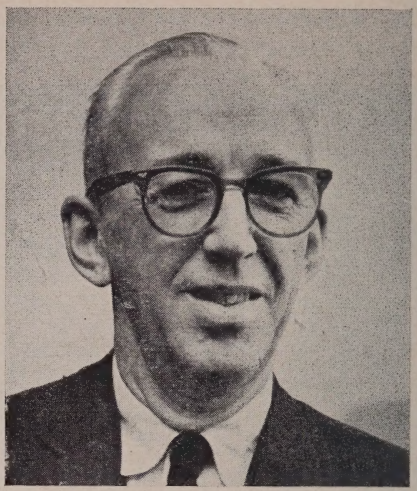
SPRINGFIELD'S NEW COMMISSIONER OF HEALTH

On August 27, 1959, Mayor Thomas J. O'Connor of Springfield announced the appointment of Doctor William J. Cosgriff of Springfield as Commissioner of Public Health to replace Doctor John C. Ayres, who resigned from the said post to take over the duties of Medical Director of the Springfield Municipal Hospital.

Doctor Cosgriff was born in Holyoke on April 22, 1907, where he spent his early youth and then came to Springfield in 1923 where he has resided ever since. Doctor Cosgriff graduated from Tufts Medical School, Boston, in 1931; served as a house officer at the Mercy Hospital, Springfield, and at St. Vincent's Hospital, New York; and began practicing medicine in Springfield in 1934.

Doctor Cosgriff has served in several official capacities in Springfield since going into practice. In 1934 and 1935, he was an Assistant City Physician; from 1940 to 1943, Police Surgeon and City Physician; and lately from 1954 to the present as Medical Consultant to the Board of Public Welfare.

He entered the United States Navy in 1943 and served in various naval medical facilities until his discharge in 1946.



Doctor Cosgriff has been a practicing surgeon for a number of years and is a senior surgeon on the staff of the Mercy Hospital, Springfield. He is a member of the American College of Surgeons, the American Medical Association, the Hampden District Medical Society, the Massachusetts Medical Society, and the Springfield Academy of Medicine.

Chapter 5, Sec. 9 of By-Laws

"Attendance of at least fifty (50) per cent of the District meetings is mandatory during each of the first two years of membership in the District Society."

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ACADEMY

September Meeting

At the September 8th meeting of The Springfield Academy of Medicine the speaker will be Dr. Frank D. Gray, Jr., Assistant Professor of Medicine and Director of Cardio-pulmonary Service, Yale University School of Medicine. His topic will be "Clinical Types of Cor-Pulmonale". The Clinical Conference in the afternoon, will be held at the Springfield Hospital, 5 p. m.

October Meeting

The speaker at the October 13 meeting will be Alvin L. Watne, M. D., Associate Cancer Research Surgeon, Roswell Park Memorial Institute, Buffalo, New York. Exact topic has not yet been determined. Dr. Watne will present a Clinical Conference at the Wesson Memorial Hospital at 5 p. m. preceeding the Academy meeting.

COUNCIL MEETING

The Council meeting of the M. M. S. will be held in Boston Wednesday, October 7. The District pre-council meeting took place at the Springfield Hospital Thursday, September 3, 1959.

"The automobile age has made us almost a legless nation, the welfare state a dependent people."

Hanson W. Baldwin, in the
Saturday Evening Post

HOLYOKE'S FINEST BANQUET FACILITIES ARE AVAILABLE AT THE ROGER SMITH HOTEL HOLYOKE, MASS.

CONN. VALLEY POSTGRADUATE COURSE

Plans have been completed for this fall's Connecticut Valley Course in General Medicine, to be held in Holyoke and Northampton. It would be very helpful to the Institute if a notice of this course could be printed in the Hampden Hippocrat. The vital information is as follows:

Connecticut Valley Course in General Practice

September 18 - November 20, 1959
Fridays, 7:30-9:30 P.M.
Holyoke Soldiers' Home, Holyoke
Cooley Dickinson Hospital, Northampton

Recognized for credit, Category I, by the Massachusetts Chapter, American Academy of General Practice.

For further information:
Postgraduate Medical Institute
22 Fenway, Boston, Massachusetts

INTERN COL. OF SURGEONS

The Mid-Atlantic Meeting of the International College of Surgeons will be held at the Homestead Hotel, Hot Springs, Virginia on November 16, 17 and 18th. The profession is cordially invited to attend.

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WHO WON?

Wesson Memorial Golf Tournament

At the Annual Golf Tournament of Wesson Memorial Hospital held on June 17 at the Crestview Country Club the following were the winners:

Low Gross: Kenneth McEwen
Runner up,
Dr. Arthur Gramse
Low Gross: (9 holes)
Dr. Joseph Stirlacci
Low Net: Walter Gunn Silver Tray
Dr. Bruce Alicandri
Nearest the pin (on 14th)
Dr. Leo N. Kruger

Mercy-Springfield Hospitals Golf Tournament

At the 25th Annual Mercy-Springfield Hospitals Golf Tournament, which was won by the Mercy Hospital, the following were the individual winners:

Low Gross: First, Dr. William Dale
Second, Dr. James Sady
Third, Dr. H. Uhle and Dr. S. Stusick
Low Net First, Dr. A. C. Rock
Second, Dr. J. Kresock and Dr. R. Emery
Third, Dr. R. Fanelli

Four-Way Hospital Golf Tournament

Results of the second annual Four-Way Golf Tournament to take place on Wednesday, Sept. 9 at the Longmeadow Country Club, will appear in the next issue of the Hippocrat.

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DO YOU KNOW—

The most common fish in the sea is a species of Cyclothone, a deepwater fish sometimes called *bristlemouth,* rarely seen by the average person.

* * * *

While the population of the United States increased less than 20% between 1947 and 1957, *hospital* admissions rose about 40%.

* * * *

All the viruses isolated from *colds* so far do not account for more than 30% of all colds.

Science News Letter

PROVIDENCE HOSPITAL SEMINAR

Taking a departure from its usual clinical course, The Providence Hospital Seminar on Wednesday, October 7, 1959, will be devoted to a discussion on the Stock Market. It will be conducted by John Roetti, Ph.D., a former professor who is now director of the Schermer-Atherton office in Northampton.

The program will run from 1 to 9 P. M. Checks for $10.00 will include the cost of dinner. They should be sent to R. J. Maher, M.D., 197 Chestnut Street, Holyoke. Wives are welcome. All profits will be used to purchase equipment for the hospital.

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INTERMEDIATE RELEASE provides: Amphetamine Sulfate . . 5 mg., Thyroid . . 1 gr., Atropine Sulfate . . 1/360 gr.

FINAL RELEASE provides: Amphetamine Sulfate . . 5 mg., Thyroid . . 1 gr., Phenobarbital* . . 1/4 gr. *relieves evening excitation.

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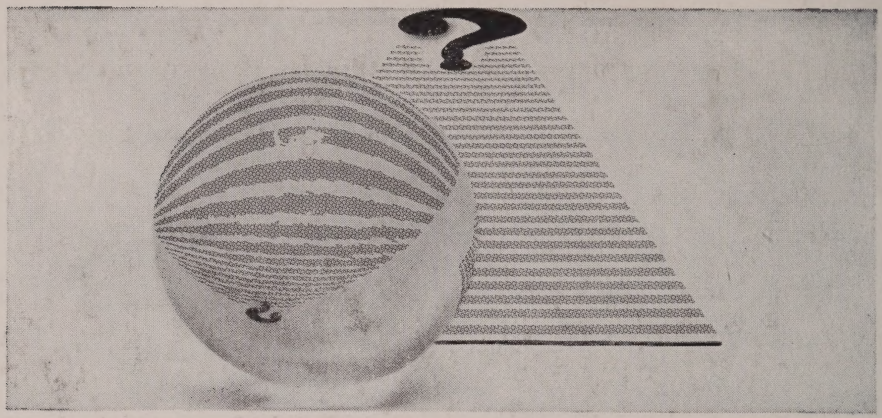

what lurks beyond the broad spectrum?

"Broad spectrum" has evolved into an especially apt term to describe a growing number of "specialized" antibiotics. These provide the best means of destroying pathogenic bacteria which range all the way from large protozoa through gram-negative and gram-positive bacteria to certain viruses at the far end of the spectrum. **But beyond the spectrum lurk pathogenic fungi.** Aggressive infections often require intensive broad spectrum antibiotic attack. It becomes more apparent every day that fungal superinfections may occur during or following a course of such therapy.[1,2] Long term debilitating disease, diabetes, pregnancy, corticosteroid therapy, and other causes may predispose to such fungal infections[1,3,4] as iatrogenic moniliasis. These facts complicate the administration of antibiotics. **Mysteclin-V controls both – infection and superinfection.** Mysteclin-V makes a telling assault on bacterial infections and, in addition, prevents the potentially dangerous monilial overgrowth.[2,5-8] Mysteclin-V is a combination of the phosphate complex of tetracycline – for reliable control of most infections encountered in daily practice – and Mycostatin, the first safe antifungal antibiotic. ■ Case history after case history marked "recovered" provides clinical evidence of the special merit of this advance in specially designed antibiotics. When you prescribe Mysteclin-V, you provide "broad therapy" with extra protection that extends beyond the spectrum of ordinary antibiotics.

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Mysteclin-V Half-Strength Capsules (per capsule)	125	125,000
Mysteclin-V Suspension (per 5 cc.)	125	125,000
Mysteclin-V Pediatric Drops (per cc.—20 drops)	100	100,000

References: 1. Dowling, H. F.: Postgrad. Med. 23:594 (June) 1958. 2. Gimble, A. I.; Shea, J. G., and Katz, S.: Antibiotics Annual 1955-1956, New York, Medical Encyclopedia Inc., 1956, p. 676. 3. Long, P. H., in Kneeland, Y., Jr., and Wortis, S. B.: Bull. New York Acad, Med. 33: 552 (Aug.) 1957. 4. Rein, C. R.; Lewis, L. A., and Dick, L. A.: Antibiotic Med. & Clin. Ther. 4:771 (Dec.) 1957. 5. Stone, M. L., and Mersheimer, W. L.: Antibiotics Annual 1955-1956, New York, Medical Encyclopedia Inc., 1956, p. 862. 6. Campbell, E. A.; Prigot, A., and Dorsey, G. M.: Antibiotic Med. & Clin. Ther. 4:817 (Dec.) 1957. 7. Chamberlain, C.; Burros, H.M., and Borromeo, V.: Antibiotic Med. & Clin. Ther. 5:521 (Aug.) 1958. 8. From, P., and Alli, J.H.: Antibiotic Med. & Clin. Ther. 5:639 (Nov.) 1958.

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